



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E454921**

| | | |
|---|--------------------------------------|---|
| INTERSTATE <input type="checkbox"/> | CITY STREET <input type="checkbox"/> | FIRE RESULTED <input type="checkbox"/> |
| STATE ROUTE <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | STOLEN VEHICLE <input type="checkbox"/> |
| COUNTY RD <input type="checkbox"/> | PRIVATE WAY <input type="checkbox"/> | HIT & RUN INVOLVED <input type="checkbox"/> |

| |
|--------------------|
| TRIBAL RESERVATION |
|--------------------|

| | |
|--------|-----------------|
| CASE # | 15-02122 |
|--------|-----------------|

| | |
|---------------------|-------------|
| LOCAL AGENCY CODING | 0664 |
|---------------------|-------------|

| | | | |
|------------------|-----------|---------------|---------------------------|
| TOTAL # OF UNITS | 02 | OBJECT STRUCK | ROCK BANK OR LEDGE |
|------------------|-----------|---------------|---------------------------|

| | | | | | | | | | | | | | |
|-------------------|-----------|----------|-----------|----------|-------------|-------------|-------------|----------|-----------|-------|---|--------|-------------|
| DATE OF COLLISION | 08 | - | 24 | - | 2015 | TIME (2400) | 0521 | COUNTY # | 31 | MILES | N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF | CITY # | 0664 |
|-------------------|-----------|----------|-----------|----------|-------------|-------------|-------------|----------|-----------|-------|---|--------|-------------|

| | | |
|--------------------------|---------------------------------------|---|
| ON (PRIMARY TRAFFIC WAY) | INTERSECTION <input type="checkbox"/> | NON-INTERSECTION <input checked="" type="checkbox"/> |
| STATE ROUTE 204 | | BLOCK NO. <input checked="" type="checkbox"/> 7500 |
| | | MILE POST <input type="checkbox"/> |

| | | | | | | |
|----------|----------|-----------|---|---|--------------------------------|--------------------|
| DISTANCE | 0 | 25 | MILES <input checked="" type="checkbox"/> | N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> | OF (REFERENCE OR CROSS STREET) | 81ST AVE NE |
|----------|----------|-----------|---|---|--------------------------------|--------------------|

| | | | | | |
|---------|---|--------------------------------------|--|-------|----------------------|
| UNIT 01 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE | D: 4258705525 |
|---------|---|--------------------------------------|--|-------|----------------------|

| | | | | | |
|-----------|------------------|------------|----------------|----------------|----------|
| LAST NAME | CIESINSKI | FIRST NAME | PHILLIP | MIDDLE INITIAL | S |
|-----------|------------------|------------|----------------|----------------|----------|

| | |
|--------------------|------------------------|
| STREET NEW ADDRESS | 219 87TH AVE SE |
|--------------------|------------------------|

| | | | | | |
|------|---------------------|----|-----------|-----|------------------|
| CITY | LAKE STEVENS | ST | WA | ZIP | 982583300 |
|------|---------------------|----|-----------|-----|------------------|

| | | |
|-----|--------------|--------------|
| CDL | RESTRICTIONS | ENDORSEMENTS |
|-----|--------------|--------------|

| | | | | | | | | | | | |
|--------------------|---------------------|-------|-----------|-----|----------|-----------------|-----------|----------|-----------|----------|-------------|
| DRIVER'S LICENSE # | CIESIPS148C7 | STATE | WA | SEX | M | D.O.B. MMDDYYYY | 02 | - | 27 | - | 1986 |
|--------------------|---------------------|-------|-----------|-----|----------|-----------------|-----------|----------|-----------|----------|-------------|

| | | | | | | | | | | | | |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--------------|----------|--------------------|---------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 4 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 7 | NATURE OF INJURIES | UNKNOWN TYPE |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--------------|----------|--------------------|---------------------|

| | | | | | |
|-----------------|----------------|-------|-----------|------|--------------------------|
| LICENSE PLATE # | ALS4655 | STATE | WA | VIN# | KNAGM4AD3C5034336 |
|-----------------|----------------|-------|-----------|------|--------------------------|

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | | |
|-----------|-------------|------|------------|-------|--------------|-------|-----------|---|----------|---|
| VEH. YEAR | 2012 | MAKE | KIA | MODEL | OPT4D | STYLE | 4D | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|-------------|------|------------|-------|--------------|-------|-----------|---|----------|---|

REGISTERED OWNER INFO. **PHILLIP CIESINSKI 219 87TH AVE SE LAKE STEVENS WA 98258**

| | | |
|---|-------------------------|------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | SAFECO X5670755 |
|---|-------------------------|------------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|



| | | | | | | |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|
| UNIT 02 | MOTOR VEHICLE <input checked="" type="checkbox"/> | PEDAL-CYCLE <input type="checkbox"/> | PEDESTRIAN <input type="checkbox"/> | PROPERTY OWNER <input type="checkbox"/> | DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | PHONE |
|---------|---|--------------------------------------|-------------------------------------|---|--|-------|

| | | | | | |
|-----------|-----------------|------------|---------------|----------------|----------|
| LAST NAME | LEVESQUE | FIRST NAME | JUDITH | MIDDLE INITIAL | M |
|-----------|-----------------|------------|---------------|----------------|----------|

| | |
|--------------------|-----------------------|
| STREET NEW ADDRESS | 1701 E 62ND ST |
|--------------------|-----------------------|

| | | | | | |
|------|---------------|----|-----------|-----|------------------|
| CITY | TACOMA | ST | WA | ZIP | 984044312 |
|------|---------------|----|-----------|-----|------------------|

| | | | |
|-----|--------------|----------|--------------|
| CDL | RESTRICTIONS | B | ENDORSEMENTS |
|-----|--------------|----------|--------------|

| | | | | | | | | | | | |
|--------------------|---------------------|-------|-----------|-----|----------|-----------------|-----------|----------|-----------|----------|-------------|
| DRIVER'S LICENSE # | LEVESJM564J1 | STATE | WA | SEX | F | D.O.B. MMDDYYYY | 04 | - | 21 | - | 1944 |
|--------------------|---------------------|-------|-----------|-----|----------|-----------------|-----------|----------|-----------|----------|-------------|

| | | | | | | | | | | | |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--------------|----------|--------------------|
| ON DUTY <input type="checkbox"/> | STATUS | AIRBAG | 2 | RESTR. | 4 | EJECT | 1 | HELMET USE | INJURY CLASS | 1 | NATURE OF INJURIES |
|----------------------------------|--------|--------|----------|--------|----------|-------|----------|------------|--------------|----------|--------------------|

| | | | | | |
|-----------------|---------------|-------|-----------|------|--------------------------|
| LICENSE PLATE # | 674WIA | STATE | WA | VIN# | JTEEW21A270047303 |
|-----------------|---------------|-------|-----------|------|--------------------------|

| | | | |
|-----------------|-------|-----------------|-------|
| TRAILER PLATE # | STATE | TRAILER PLATE # | STATE |
|-----------------|-------|-----------------|-------|

| | | | | | | | | | |
|-----------|-------------|------|-------------|-------|----------------|-------|---|----------|---|
| VEH. YEAR | 2007 | MAKE | TOYT | MODEL | HIGHLND | STYLE | VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | TOWED BY | GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-----------|-------------|------|-------------|-------|----------------|-------|---|----------|---|

REGISTERED OWNER INFO. **ANN SMITH SMITH, ROBERT J LAKE STEVENS WA 98258 D: 4252689079**

| | | |
|---|-------------------------|----------------------------|
| LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/> | INSURANCE CO & POLICY # | ALLIED 0015900366-0 |
|---|-------------------------|----------------------------|

| | | |
|---|------------|--------|
| VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/> | CITATION # | CHARGE |
|---|------------|--------|



| | | | | | |
|------------------------|-------------------------|---------------|------------|--------|------------------|
| OFFICER'S NAME (PRINT) | CHAD CHRISTENSEN | BADGE OR ID # | 075 | AGENCY | WA0311900 |
|------------------------|-------------------------|---------------|------------|--------|------------------|



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E454921**

CASE # **15-02122**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

| | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--------------------------|---|-------------------------------------|--------------------|--|--------------|--|--------|--|-----------|---|-------------|--|---------------|--|-----------------|--|--------------------|--|
| NAME (LAST, FIRST, MIDDLE INITIAL) | | HOGAN MICHAEL J | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | 8408 10TH PL NE LAKE STEVENS WA 98258 4252395701 | | | | | | | | | | | | | | | | | |
| | | SEX | M | D.O.B. MMDDYYYY | | 07 | | - | | 17 | - | 1972 | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input checked="" type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| | | SEX | | D.O.B. MMDDYYYY | | | | - | | | - | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | | | | | | | | | | | | | | |
| ADDRESS & PHONE # | | | | | | | | | | | | | | | | | | | |
| | | SEX | | D.O.B. MMDDYYYY | | | | - | | | - | | | | | | | | |
| PASSENGER | <input type="checkbox"/> | WITNESS | <input type="checkbox"/> | UNIT # | | SEAT POS. | | AIRBAG | | RESTR. | | EJECT | | HELMET USE | | INJURY CLASS | | NATURE OF INJURIES | |

NARRATIVE

Unit 1 was travelling eastbound in the 7500 State Route 204 when Unit 1 left the roadway and climbed the embankment until it made contact with a large group of boulders. Unit 2 was driving by the scene of collision just moment after the collision occurred. Unit 2 struck a large boulder in the eastbound lane of travel which was the direct result of Unit 1 collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-24-15 09:57 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

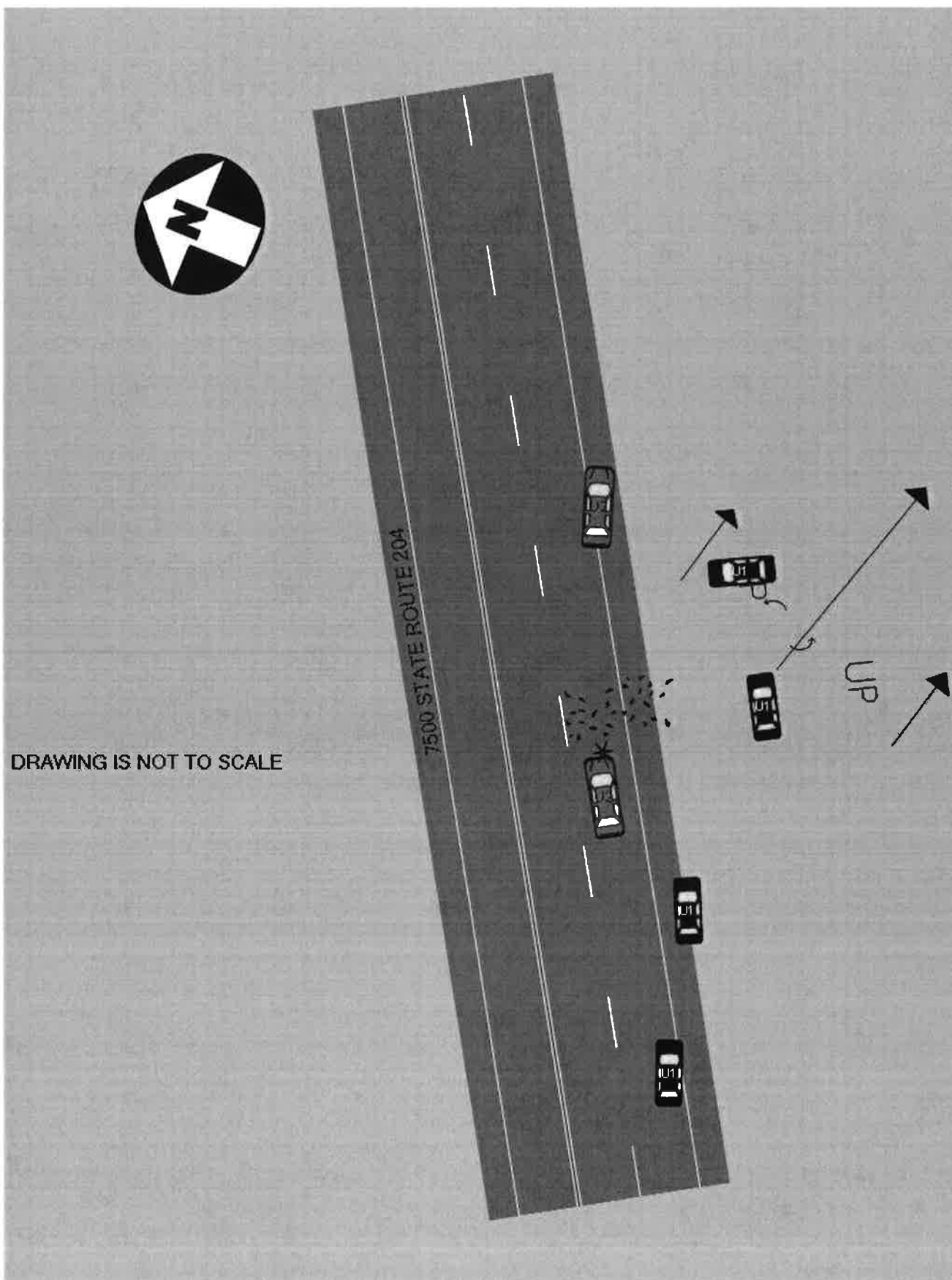
8/25/2015 5:46:57 AM

BADGE OR ID # **075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **5:21 AM**

TIME POLICE ARRIVED **5:24 AM**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02172

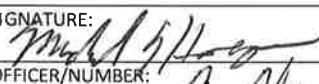
VICTIM / WITNESS

| | | | | | | | | | | |
|-----------------------------------|---|-------------------------------------|-----|----------|-------------------------------------|--------------|----------------------|------------|--------------|--------------|
| NON-DISC <input type="checkbox"/> | NAME (LAST, FIRST MIDDLE) Hogan Michael John | RACE W | ETH | SEX M | DOB 7-17-73 | AGE 42 | HGT 5'10" | WGT 210 | HAIR Gray | EYES Blue |
| STREET ADDRESS 8408 10th PL NE | | CITY Lake Stevens | | | STATE WA | ZIP 98258 | RES. STATUS Owner | | | |
| HOME PHONE | | CELL PHONE 425 239-5701 | | | PLACE OF EMPLOYMENT LakeSide Ind | | | | | |
| WORK PHONE | | EMAIL ADDRESS mjhogan12002@yahoo | | | | | | | | |

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Saw him run of road up embankment. Stopped
ran across road and pulled him from car.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

| | | |
|---|------------------------|-----------------|
| SIGNATURE:  | DATE SIGNED | LOCATION SIGNED |
| OFFICER/NUMBER: C. [Signature] #75 | DATE SIGNED 8/24/15 | LOCATION SIGNED |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-2122

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

K N A G M 4 A D 3 C 5 0 3 4 3 3 4

LICENSE

ALS 4655

STATE

WA

YEAR

2012

MAKE

Kia

MODEL

OPT411

MILEAGE

☐ Report of Sale☐ Digital

STYLE

4dr

COLOR

Blk

DRIVER

NAME (LAST, FIRST, MI)

Ciesinski, Phillip S

STREET ADDRESS

219 87 Ave SE

CITY, STATE, ZIP CODE

Lake Stevens WA

PHONE

DOB

2-27-86

REGISTERED OWNER

NAME (LAST, FIRST, MI)

Same

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

Hyundai Lease Title

STREET ADDRESS

PO 105299

CITY, STATE, ZIP CODE

Atlanta GA 30348

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 8/24/15 AT 0542 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE

ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE

TO REMOVE THIS VEHICLE FROM 7500 SR204

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Aug 139

DOL TOW TRUCK NO.

5968-011

DATE

8/24/15

EQUIPMENT

DAMAGE

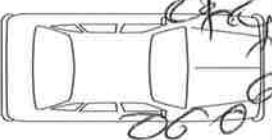
EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Involved in collision
Driver transported to
Hospital.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X R. Miner

Lake Stevens

BADGE NO.

95

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

3000-110-076 (R 7/11)

SUPERVISOR

| | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--------------------------------|--|--|--|
| LAKE STEVENS POLICE EVIDENCE UNIT | | | | Primary Officer/Badge Number <i>CHRISTENSEN #75</i> | | | | Case Number <i>15-00100</i> | | | |
| Type of Crime: Felony / Misdemeanor (Circle) | | | | Type of Case: <i>COLLISION</i> | | | | Date/Time: <i>8/24/15</i> | | | |
| Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING | | | | *Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification | | | | | | | |

Case #

| | | | | | | | |
|--|---|-------------|--------------------|--|--|-------------------|-------------|
| Item # Action # <i>3</i> | Item <i>CD</i> | Brand Name | | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name Address City State Zip Phone # | | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |
| Item # Action # | Item | Brand Name | | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name Address City State Zip Phone # | | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |
| Item # Action # | Item | Brand Name | | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name Address City State Zip Phone # | | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |
| Item # Action # | Item | Brand Name | | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name Address City State Zip Phone # | | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |
| Item # Action # | Item | Brand Name | | | | Storage Location | Disposition |
| | Brand/Model/Caliber (Further Description) | | | | | | |
| | Serial # | Where Found | Weight of Narcotic | | | | |
| Owner's Name Address City State Zip Phone # | | | | | | Barcode goes here | |
| Owner Signature/Other remarks /additional information/ special instructions | | | | | | | |

Evidence Control Use Only:

| | | | | |
|-------------------------|-----------------|-------|--------------------|----------------------|
| Received by Evidence: | NCIC/WACIC ✓ | Date: | CAD/RMS Checked | ROUTING: _____ |
| Name: _____ # _____ | NCIC/WACIC + | Date: | Owner Letter Sent: | White: Property Room |
| Date: _____ Time: _____ | NCIC/WACIC - | Date: | Owner Letter Sent: | Yellow: Case File |

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-2122

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

K N A G M 4 A D 3 C 5 0 3 4 3 3 C

LICENSE

ALS 4655

STATE

WA

YEAR

2012

MAKE

Kia

MODEL

OPT4D

☐ Report of Sale

MILEAGE

☐ Digital

STYLE

4dr

COLOR

Blk

DRIVER

NAME (LAST, FIRST, MI)

Ciesinski, Phillip S

STREET ADDRESS

219 87 Ave SE

CITY, STATE, ZIP CODE

Lake Stevens WA

PHONE

DOB

2-27-86

REGISTERED OWNER

NAME (LAST, FIRST, MI)

Same

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

Hyundai Lease T-412

STREET ADDRESS

PO Box 299

CITY, STATE, ZIP CODE

Atlanta GA 30348

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 8/24/15 AT 0542 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE Sky Valley Towing (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 7500 SR204

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE Aug 139DOL TOW TRUCK NO. 5968-011DATE 8/24/15

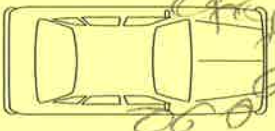
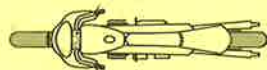
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Involved In collision
Driver transported to
Hospital.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X R. MinerBADGE NO. 95

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

3000-110-076 (R 7/11)

OFFICER

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-2122

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

K N A G M 4 A D 3 C 5 0 3 4 3 3 C

LICENSE

ALS 4655

STATE

WA

YEAR

2012

MAKE

Kia

MODEL

OPT 410

☐ Report of Sale

MILEAGE

☐ Digital

STYLE

4dr

COLOR

BIK

DRIVER

NAME (LAST, FIRST, MI)

Ciesinski, Phillip S

STREET ADDRESS

219 87 Ave SE

CITY, STATE, ZIP CODE

Lake Stevens WA

PHONE

DOB

2-27-86

REGISTERED OWNER

NAME (LAST, FIRST, MI)

Same

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

Hyunda Lease 7-410

STREET ADDRESS

PO 105299

CITY, STATE, ZIP CODE

Atlanta GA 30348

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 8/24/15 AT 0542 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE Sky Valley Towing (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 7500 SR204

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Cing 139

DOL TOW TRUCK NO.

5968-011

DATE

8/24/15

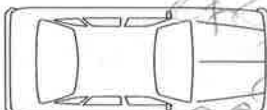
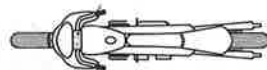
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

Involved in collision
Driver transported to
Hospital

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

R. minor

Lake Stevens

BADGE NO.

99

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

3000-110-076 (R 7/11)

DRIVER

| | | |
|--------|----------|----------|
| Closed | 08/24/15 | 08:34:43 |
|--------|----------|----------|

Loc: 10 ST SE/SR 204 , LKS (V)

Phone: 4257502289

| | | | | |
|-------|----------|---------|-------|--|
| /0521 | (SP0291) | ENTRY | | APROX LOC, VEH POSS ROLLOVER |
| /0521 | (SP0386) | DISPER | 19N3 | #SS75 CHRISTENSEN, OFCR (CHAD) |
| /0521 | (SP0291) | CROSS | | #AG15002583 |
| /0522 | (SP0386) | ASSTER | 19S13 | #SS95 MINER, SGT (ROBERT) |
| /0522 | | ASSTER | 19S11 | #SS71 VALVICK, SGT (CRAIG) |
| /0522 | (SP0291) | SUPP | | NAM: REYNOLDS, TROY, PHO: 4257502289, TXT: RP THINKS ONLY 1 VEH, ND |
| /0522 | (SP0380) | SUPP | | TXT: BLK VOLKS PASSAT - AIRBAG DEPLOYMENT - 20 Y OM - CA |
| /0523 | | SUPP | | NAM: BIAZ, HERIBERTO, ADR: WITNESS, PHO: 4257918369 |
| /0524 | (SP0386) | ONSCNE | 19N3 | |
| /0527 | | ONSCNE | 19S13 | |
| /0528 | (SP0400) | SUPP | | NAM: WHITCOMBE, DEBBIE, PHO: 4252208759, TXT: THIS RP WITNESS TO COL, AVAIL IF NEEDED BY PH, INFO VIA WSP |
| /0531 | (SP0386) | ROTREQ | 19S13 | TOW 5061 LKS SKY VAL SNO 3605636090 |
| /0533 | (*****) | REMINQ | 19S13 | ALS4655 |
| /0533 | (SP0386) | REMINQ | 19S13 | LIC, 19S13, ALS4655,, |
| /0533 | | MISC | 19S13 | , SKY VALLEY TOW ER |
| /0538 | (SS75) | REMINQ | 19N3 | MDTWANT, CIESINSKI, PHILLIP, S, 022786,, WA,,,,,,,,, |
| /0539 | (SP0386) | ASNCAS | 19N3 | \$\$\$15002122 |
| /0540 | (SS95) | REMINQ | 19S13 | MDTWANT,,,,,,,,, WA, CIESIPS148C7,,,,,,,,,,,,, |
| /0605 | (SP0386) | MISC | 19S11 | , TOW OS |
| /0605 | | CLEAR | 19N3 | |
| /0608 | | ASSTOS | 19D3 | [10 ST SE/SR 204 , LKS] #SS132 KILROY, OFFICER (JOSH) |
| /0609 | (SS71) | REMINQ | 19S11 | MDTVEH, AQH0931,, WA,,,,,,,,,,,,, |
| /0609 | (SP0386) | ONSCNE | 19S11 | |
| /0610 | | TRANS | 19S11 | [11811 20 ST NE] , W/ ADULT FEM |
| /0611 | (SS71) | *MISC | 19S11 | , 2536780919 DRIVER #2 |
| /0619 | | *TRANSC | 19S11 | |
| /0653 | (SP0181) | SUPP | | TXT: R AND R STAR HAS 1 HR ETA THRU THE DRIVERS AAA BLU TOYT HIGHLANDER |
| /0709 | (SS95) | CLEAR | 19S13 | |
| /0729 | (SS71) | CLEAR | 19S11 | |
| /0817 | (SP0326) | MISC | 19D3 | , R&R MINUTES OUT PER DISPATCH |

| | | | | |
|-------|----------|--------|------|---------------|
| /0822 | (SP0112) | MISC | 19D3 | , TOW ARRIVED |
| /0834 | (SS132) | *CLEAR | 19D3 | D/H |
| /0834 | | CLOSE | 19D3 | |